STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 Ward)	(If death	

occurred in

	2FULL NAME Service Wall	er Carroll	a hospital or institu- tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
7	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)) 1923- (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I atte	nded the deceased from
	unprown 1	192 to	, 192,
	(Month) (Day) (Year)	that I last saw halive on	, 192,
7	Reported about 1 day hrs. mos. ds. or min.?		
-	occupation (a) Trade, profession or formular kind of work	Cardiac Delation	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)	yrs,ds.
9	SIRTHPLACE (State or country) Challes Co Md 10 NAME OF FATHER Welliam Catholl 11 BIRTHPLACE	Contributory Secondary (Durstion) (Signed) J J Lee Jacob (Address) La. P.	Lata Ma
ENTS	OF FATHER (State or country) Chashes CS Had	*State the Disease Causing Death, Violent Causes, state (1) Means of Injunctional Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
PAR	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Charles & Md	At place of death yrs	yrsds
14	(Informant) Margret Bouster	if not at place of dea.h? Former or usual residence	
_	(Address) Reversede Md	Nonfemoy md	Moy 4 1933
15	Filed May 4 19232 dv Thompson	James Pinny J	ason be

If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

statement of

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Rarmer (re-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Stationary fireman, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a (b) Automobile factory. The materia. etc. -Farmer or Planter, omotive engineer, word or term on But in many (b) Grocery,

Strtement of Cause of Death—Name, first, the Dis-EALL (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train—accident, Revolver wound of head—homicide; Poisoned by or as r diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., ot...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of eause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, taken For VIOLENT DEATHS state MEANS OF INJULY and lifty as ACCIDENTAL. SHIGHDAL OF HOMEOFILE State eause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condihably such, if impossible to determine definitely My as ACCIDENTAL, SUICIDAL OF HOMICIDAL, cough; Chronic and consequences (e. g., sepsis, affection need etc. The contributory valendar heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 15270
infor- state UPA-	1. PLACE OF DEATH	16-6
	County (Sarty	Registration Dist. No. 108
item of should of OCC	Village or City Maldorl	No. St., Ward
	(II	death-occurred in a hospital or institution, give its NAME instead of street and number)
Every SIANS ement	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS	2. FULL NAME Tack Cagor	asvur
YSI sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
CORD PHYS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TECC I. PH Exact	3. SEX 4. COLOR OF BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH
LINI	on bitoness and more	(Month) (Day) (Tear)
MANED A C T J assified	5a. If married, widowed, or divorced HUSBAND of	22, / I HEREBY CERTIFY. That I ettended deceesed from
A A A	(or) WIFE of	1 HEREBY CERT'S FY. That I ettended deceased from
S N S	6. DATE OF BIRTH (month, day, and year) MAD 31. 1931	I last saw h un alive on 5 / (1 193 death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days / If LESS than	to have occurred on the date steted above, et 3 m.
FOR IS A I stated properlectifical	1	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trede profession or particular	sualite to gra a Date of onset
of se se	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 1 1 -1
may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	good to legris with
INK- INK- sho t it n on b		A. C.
- T	O 10. Date deceased last worked at this occupation (month and year)	
	12, BIRTHPLACE (city or 1944) Waldo A cuf	Other Coutributory Causes of importance:
ADII d. s, so	(State or county))	wus - Deow
NE. NE. nst. nst.	13. NAME Paul Fatuers	Clark Cabor
S T T T T T T T T T T T T T T T T T T T	14. BIRTHPLACE (city or town) Walder	Name of operation
- H - W	(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
Y, WITI carefully H in pla	15. MAIDEN NAME WELL Edgler 16. BIRTHPLACE (city or town) Leader	23. If death was due to external causes (VIOLENCE) fill in also the following:
PLAINLY, Winould be carefully DEATH in prery important.	5 16. BIRTHPLACE (city or town) Maleolyu	Accident, suicide, or homicide? Date of injury, 19
INL be EAT impo	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLAINLY, ould be ca F DEATH ery import	17. INFORMANT Parel Larner	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF DIS very	(Address) 18. BURIAL, OREMATION OR BEHOVAL	Haul
4 E A . E . A	Place De letter Ch Date 5/15 132	Manner of injury
-WRITE mation sl CAUSE TION is	of marganis	Neture of injury
TICA	19. UNDERTAKER ALO STORY GOVERNS	24. Was disease or injury in any way related to occupation of deceased?
m /	100 80 81 110	If so, specify J O Chaggingleson OM D
Z	20. FILED S/13 , 1932 Cora That Plan Registrar.	(Address) Desceville Ma
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH)		159	
County	Charles Indian	Tead, Md	•	Registration Dist. No. 106	
2. FULL NA	idence in city or town where ME_Dorothy	death occurred	O yrs. O mos	No. St., death occurred in a hospital or institution, give its NAME instead of street and Ods. How long in U.S. if of foreign birth? yrs. n 8 minutes St., Ward.	
	nce: No. Indiar			If nonresident give city or town and	l State
PERSON 3. SEX	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Female	White		RIED, WIDOWED, O (write the word)	May (Month) 21	, 193 2 (Year)
5a. If married, widov HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH	(month, day, and year)	21 May,	1932	21 May, 1932, 19 to 21 May, 193219	
7. AGE Yes	O Months	Days	1 day 0 hrs.	to have occurred on the date stated above, at 1:38. Am The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	(D
8. Trade, profe	ssion, or particular work done, as SPINNER, BODKKEEPER, etc.			Premature birth (About seven months)	Date of onset
9. Industry or work wa	business in which s done, as SILK MILL, LL, BANK, etc			(About Seven months)	
10. Date decease this occur	ed last worked at pation (month and	11. Total ti spen occu	me (years) It in this Ipation		
12. BIRTHPLACE (ci	ity or town) India:	Head,	Md.	Other Coatributory Causes of importance:	
	Regienal Ra	Lph Garn	er		
14. BIRTHPLACE	E (city or town)Wal			Name of operation Data of Was there an	autoney? 70
15. MAIDEN NA	ME Hazel Ce	lielia C	ooksev	23. If death was due to external causes (VIDLENCE) fill in also the followin	
	E (city or town) Maso			Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFDRMANT (Address)	Father (S	ame as a	bove)	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMA	idn, dr REMDVAL Bu	rial Date 21	May, 19.3	Manner of injury	
	Ned. Hunt Waldorf. M			24. Was disease or injury in any way related to occupation of daceased?	
20. FILED		J	Registrar.	(Signed) Rogert Ac Moland (Address) Indian Head. Md.	

V. S. No. 1

N. B.

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

VRIUE PLAINLY,

MARGIN RESERVED FOR BINDING

of infor-

ECORD. Every item

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . Dr. C	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstqnes	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE			OF MAR'	YLAND—	CERTIFICATI	E OF DEA	IH	05272
County_	Charl	AS	and Md			Registration	Dist. No	06
Village	or City	ndian 1	lead, Md		No.	nstitution, give its NAMI	E. instead of street a	
2. FULL	NAME_H	Tazel Ce	tielia ()_yrs,Omos Garner				
(a) Res	idence: No.	Indian	(Usual place	Id. of abode)	St., Ward.	If nonresident	give city or town	and State
PERS	ONAL AN	ND STATIST	TICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	1
Fema le	e Wh	or or race		RIED, WIDOWED,) (write the word)	21. DATE OF DEAT	(Month)	21 _(Day)	, 193 2 (Year)
5a, If married, w HUSBAND (or) WIFE	idowed, or div of of	orced			21 May		21 May	, 1932
6. DATE OF BIR	TH (month, da	ay, and year)	21 May.	1932	I last saw h @ Dalive or			; death is said
7. AGE	Yaars	Months	Days	If LESS than 1 day, O hrs. or 9 min.	to have occurred on the date The PRINCIPAL CAUSE OF were as follows:	DEATH and related caus		Date of enset
8. Trada, p kind SAW	YER, BOOKKE				Premature (About seve)	
SAW SAW	or business l was done, as MILL, BANK,	SILK MILL,						
	ceasad last wo occupation (mo)	onth and	sper	ma (years) It in this Ipation				
12. BIRTHPLAC (State or	E (city or town country))Ind	ian Head	, Md.	Other Contributory Causes of	importance:		
☆ 13. NAME	Regie:	nal Ral	ph Garne	r				
	LACE (city or t te or country)	town)Wald	orf, Md.		Nama of operation	is?	Date o	
15. MAIDEN	NAME Ha	zel Cec	ielia Co	oksey	23. If death was due to extern			
	LACE (city or t ta or country)		n Spring	s, Md.	Accident, suicide, or homicid		****	
(Address	3)		me as ab	ove)	Specify whether injury occur	(Specify city of rad in INDUSTRY, in HO	r town, county and OME, or in PUBLIC	PLACE.
18. BURIAL, CRE	MATION, OR	removal Bu	rial Data 21	May 19 3	Manner of Injury			
19. UNDERTAKE (Address		. Hunt	aryland		24. Was disaasa or injury in	any way ralated to occup	pation of deceased	
20. FILED		U.S.	(Registrar.	(Signad) Address)	r A. Nolar	24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and-related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAUV			
Other contributory causes of importance:		Other contributory causes of importance:	F41 E
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Born

STATE OF	MARYL	AND-CERT	IFICATE	OF I	DEATH

05273

1. PLACE OF DEATH			(19)	
County Charle	3		Registration Dist. No.	X
Village or City Nays	ide		NoSt.,	Ward
Land of wildows in the same	. w ===.		death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where	death occurred	yrs. D mos	ds. How long in U.S. if of foreign birth?yrs	nosds.
2. FULL NAME Atm	Mr. Na	MEn	4	
(a) Residence: No.			St., Ward.	
	(Usual place		If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 Z (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	7-		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	1-9-	31	I last saw have alive on 2 1/9 193	
7. AGE Years Month's	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at. 1.3.4. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	death is said
8 Trade profession or particular) 01	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Cholin holast	
9. Industry or business in which work was done, as SILK MILL,				
SAW MILL, BANK, etc.			V	
10. Date deceased last worked at this occupation (month and year)	spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) Wash	mitore	D.C.	Other Contributory Causes of importance:	
11 13. NAME John N	· Harry	Ein		
13. NAME TO LEST THE STATE OF T	Ind.		Name of operation Date of.	
	10.		What test confirmed diagnosis? Was there an	
15. MAIDEN NAME RUSTLE 16. BIRTHPLACE (city or town)	1 my	2	23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)	may		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT John Marie Marie (Address)	Hank	ne	Where did injury occur?(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P.	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 6	21- ,1931	Manner of injury	
19. UNDERTAKER S. W. (Address)	Shad	٧	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED 0 - 21 1982	Yok. H	Registrar.	(Signed) R. Hydran (Address) Nays	M. D.
If mor	e blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I			Example II	
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Chronic interstitial nephritis	1921	Run over by str	eet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	The Same	3 days ago
			GEVINOER	
Other contributory causes of importance:		Other contrib	utory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B

1. PLACE OF DEATH County Church		Registrati	on Dist. No. 10	810
Village or City 12	(I	No. death occurred in a hospital or institution, give its NA	St.,	Wai
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?		
2. FULL NAME Alany	a Hawke	···		
(a) Residence: No.	(Usual place of abode)	St., Ward.	lent give city or town and	State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH	
Jensel 4. COLOR OR RACE Gol.	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May	30 (Day)	, 193 2 (Year)
a. If married, widowed, or divorced HUSBAND of G. alleul	Holewhins	22. I HEREBY CERTI		deceased fr
DATE OF BIRTH (World do	M-11-1887		Z-8 ,193-	, 19.9
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at		, death is s
8 Trade profession or particular	77 ormin.	were as follows:		Date of on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL		arlerioscleroris		1929
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 2. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spant in this occupation 25	Other Contributory Causes of importance:	uovhoga	193-
13. NAME Same Ly	les			
14. BIRTHPLACE (city or town) (State or country)	les me	Name of operation	Date of	utonev?
15. MAIDEN NAME Marcha 16. BIRTHPLACE (city or town) (State or country)	les my	23. If death was due to external causes (VIOLENCE Accident, suicide, or homicide?) fill in elso the following:	, 19
7. INFORMANT J. a. Hokes (Address) Bryans	her my	Specify whether injury occurred in INDUSTRY, in	or town, county and State HOME, or in PUBLIC PLA	CE.
8. BURIAL, CREMATION, OR REMOVAL Place Bengantin Conty	Date June 1 , 193 -	Manner of injury		
9. UNDERTAKER Dene - a Q. (Address)	an my	24. Was disease or injury in any way related to oci	cupation of deceased??	L-0
0. FILED 6/1 1927 Em	Olabelear	(Signed) Housey C. Cho (Address) Heng her		M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

FOR BINDING

MARGIN RESERVED

STATE	OF	MARYL	AND-	CERTIFICA	ATE	OF	DEATH
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00	- d ,	7
05	81	ods

1. PLACE			*		<u> </u>		0 0 7
County	Char	les				Registration Dist. No.	103
		comico		(ll	No. f death occurred in a hospital or instituti s	ion, give its NAME instead of street at	nd number)
				na (sti			
	nce: No.		(Usual place		St.,Ward.	If nonresident give city or town	and State
PERSO	NAL AN	D STATIST	ICAL PART		MEDICAL CE	ERTIFICATE OF DEATH	
3. SEX		r or race lack		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	May 29 (Day)	, 193 2 (Yeer)
5e. If married, wido HUSBAND of	wed, or divo	rced					
(or) WIFE of						CERTIFY, That I attend	
e DATE OF NAME		30, 1	May 29.	1932		19, to	
6. DATE OF BIRTH 7. AGE YO	ears	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEAT		; death is seld
9. Industry or	work done, R, BOOKKEE	es SPINNER, PER, etc which		, vices - Hills	were as follows: STILLBORN		Date of onset
10 Date decea	sed last wor	ked at	Spe	time (years) ent in this upation			
12. BIRTHPLACE (C		Mary	land.			~	
13. NAME	Joh	n A I	Hawkins				
14. BIRTHPLAC	E (city or to	wn) Mary	land.		Name of operation	Date of	n.
15. MAIDEN N	AME TO	uise Qu	leen			Wes there a	
16. BIRTHPLAC		wn)	land.			es (VIOLENCE) fill in also the follow	
17. INFORMANT (Address)		•	**********			(Specify city or town, county and S INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMA			Date	, 19	Manner of injury		
19. UNDERTAKER (Address)			- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		24. Was disease or injury in any way		
20. FILED	, 1	9		Registrar.	(Signed) (Addreps)	new fort	R. W.W.

V. S. No. 1 N. B.

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Example I	il il	Example II	YES!
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of paset
Arteriosclerosis	1915	Attack of epilepsy	Lweek ago
Chronic interstitial nephritis	1921	Run over by street car	Fiveek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 Lays ago
			4 3 E
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. B

Caro	PLACE OF DEATH County Clearles Village or Cit Cleanufu (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // (If death occurred in a hospital or institution, give its NAME instead of street and number.)
10000	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 74 A.	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MOUNTED 18 1982
2000	Temale Black OR DIVORCED (Write the word) 6 DATE OF BIRTH Olympia 1852	(Month) (Day) (Year) 17 I MEREBY CERTIFY, That Lastended the deceased from 1932 to May 28182
	(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day hrs.	and that death occurred on the date stated woove, at 182, m. The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or particular kind of work	Of Puphritis
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds. Contributory Secondary
	10 NAME OF GATHER Colorey Renume	(Signed), Gev. C. Bickerll M. D. Warf 28923 24 Address) Onarbury ma
	OF FATHER (State or country) Charle C, Mid	Violat Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Charles Ce. Mid.	ients or Recent Residents) At place of deathyrsds, Where was disease contracted,
	(Informant) Rachel Segge	if not at place of death?
	(Address) Cliccomifer Ma- 15 Filed May 28 1922 Mary South Registral	20 UNDERTAGE BOUND SOMEN MAN
	- 1	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) additional line is provided for the latter statement; it Civil engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a or At Home, and children, yrs). Farm laborer, without more precise specification as Day Compositor, Architect, Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary freman, etc. But in many (b) Automobile factory. Laborer-Coal mine, etc. single word or term on Locomotive engineer, not gainfully em-The materia The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus, VIII Age,
"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock, American Medical Association.) approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomstated unless important (secondary or intercurrent) affection need (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, by cough; Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary) etc. valvular heart disease The contributory Always qualify all not

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E

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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BINDIN

MARGIN RESERVED

S. No.

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	Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	CE CE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 1111 6 1932	July 5,1927	Peritonitis	3 days ago	
	1	j.			
	2 % A 4	1	\$		
Other contributory car	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			7	8	
				1	

4	R STATEMENTS BY PHYŠICIAN,
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.

f 93 2

(Year)

Date of onset

BINDING MARGIN RESERVED

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(Approved by U. S. Census and American Public in Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborerworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Or. For many occupations a single word or term on At Home, and children, not gainfully cmwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-The material

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and qualify as accidental, suichal, or homicidal, or Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if Impossible to determine definitely. quences (e. g., sepsis, tctanus) may be stated under the "Puenperal septicaemia," "Puenperal peritonitis," ture of the injury, as fracture of skull, and consetaken. For violent deaths state means of injury ary), 10 ds. Never report mere symptoms or terminal stated unless important. Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was underdiseases resulting from childbirth or mlscarriage as can be ascertained as the cause. "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn," "Heart fallure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (mereiy causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); anqualified, is indefinite); Tuberculosis of lungs, mentinges, peritonacum, etc., Carcinoma, Sarcoma, etc., of vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senilc." etc.), (Recommendations on state-Example: Meastes (disease Always qualify all "Coma," Meastes; (second-"Conetc.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE ay be WIDOWED, M OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: RESERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs. which employed or (employer). Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 00 10 NAME OF 14 0 (Address) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. ENTE OF FATHER CAUSI (State or country) 12 MAIDEN NAME œ PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State......yrs......mos......ds. of deathyrs......mos......ds. (State or Country) 0 Where was disesse contracted, SEST OF MY KNOWLEDGE if not at place of death?. shoul Every item CIANS sho statement usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, Farm laborer, Laborer—out mine, etc. wonren at home, who are engaged in the duties of the household only (not paid Householpers who receive a er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken work, definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Luborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Automobile factory. The inaterial 3 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on or as probably such, if impossible to determine definitely. telantus) may be stated under the head of "contributory." (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicusmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonueum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all Measles; not be discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Nover return "Jaborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cames, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISKARN CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia ("ungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin

BULLBAU

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichacmia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronto determine definitely. "Heart failure," "Hacmorrhage," "Inanition," "Marasrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritoraeum, etc., Carcinoma, Sarcoma, etc., of by railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which (Recommendations "Atrophy," "Col-ACCIDENTAL, ("Con-

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V. S. No. 1

OCCUPA-

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1.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 052
PLACE OF DEATH	10 19
Village or City 2 44 Kinder Ali Co	Registration Dist. No.
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and numb
(a) Residence: No. Rull Parkl	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 - 9 - , 193 (Month) (Day)
married, widowed, or divorced HUSBAND of (or) WIFE of Rechard & Wellingen from an	22. I HEREBY CERTIFY, That I attended deces

Ward .____ds. 2. 3. SE Year) 5a. 11 sed from certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance 20 or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER of SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc instructions on 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?... Was there an autopsy?____ MOTHER 15. MAIDEN NAME is very important 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury TION Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more banks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

'(If death occurred in

a hospital or institu-tion, give its NAME is stead of street and

DATE OF BURIAL

, 19.3.74

number.)

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

chusiness, that fact fired 6 gyrs) 1 For to Deport specifically the occupations of persons en-bested in domestic service for wages, as Screams Cook, Howsenaid, etc. If the occupation has been changed whatever, write Nonc. state occupation at beginning of illuess. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as definite salary), may be en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc laborer, Never return "Laborer," "Foreman," "Manager, (a) Foremunt (b) Automobile factory. The material worked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, T Architect, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is cngmeer, or At Home, and children, not gainfully For many occupations a single word or term on Farmy laborer, (b) Cotton will; (a) without more precise specification At school, or At home. Care should be taken very important, so that the relative health-For persons (a) the kind of work and also (b) the Stationary fireman, etc. may be indicated thus; Farmer (re-Laborerwho have factory. The materia. Salesman, Coul ming, etc. Womperson, irrespective of Locomotive no occupation But in (6) cngmeer, , "fe'Deal-Grocery as Day Houseem-

Statement of Gause of Death—Name, first, the DIS-EASE CAUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Livers (the only definite synonym is "Epidemic cerebro-Glibal meningitis"; Dividloria, (avoid use of "Croup"); Typhoid fever knover report "Typhoid Pneumonia"); Lobar precumonia, Bronchopneumonia ("Pneumonia,"

data

ed in detail, it was a sessential and

it will prevent further correspondence. All the and must be obtained before the certificate is

permanent

telanus) may be stated under the head of "contributory." State "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Weakness," etc., whon a definite disease 10 ds. accident; Revolver wand of head-homicide; Poisoned by and qualify as ACCIDENTAL, stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, it impossible to determine 'definitely Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases "E: haustion, "Debility" ("Congenital, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping (secondary or intercurrent) affection need unqualified, If this "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was underperilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, certificate is (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; is indefinite); Committee ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, boked over thoroughly and all qu stions as the cause. Always qualify al Chronic and consequences (e. g., scpsis, Example: Measles Carcinoma, Sarcoma, on Tuberculosis of lungs, men-SUICIDAL OF HOMICIDAL, etc. valvular heart Nomenclature The by railway trainetc.), "Dropsy, contributory Masles ; not be (disease disease; etc., of death

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5284
1. PLACE OF DEATH County Charles	34
	Registration Dist. No. 108
Village or City 13 condict	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
N T	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Menny Lurner	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Many 5 1932
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Meuch 25-, 1932, to 2007, 1932
6. DATE OF BIRTH (month, day, and year) Mar. 28, 1902	I last saw have alive on aprice 23 , 197 -, death is seld
7. AGE Years Months Days If LESS then 1 day,hrs.	The FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
13. NAME Terry Terrer Ar.	
13. NAME Thermy Turner Av. 14. BIRTHPLACE (city or town) Remodel (State or country) Ches Les Next	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Howitte Toy 16. BIRTHPLACE (city or town) Beautiful (State or country) later to make the country of the country (Address)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Defautour Date 5/7/37/, 19	Manner of injury
19. UNDERTAKER Deal Tolerale (Address) Stryker new may	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 5/7/3V, 19 Cara Chappellar	(Signed) Narry G. Markellan M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

ECORD. Every item of infor-PHYSICIANS should state

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

med

Exact statement of OCCUPA-

1. PLACE OF DEATH		III		
County Master	2_	Registration Dist. No. 1034		
Length of residence in city or town where death 2. FULL NAME		No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) ss. ds. How long in U.S. if of foreign birth? yrs. mos. ds		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	C 3.	22. I HEREBY CERTIFY, That I attended deceased from 19.32, to 19.32		
6. DATE OF BIRTH (month, day, and year) 3 7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		His Colilia		
II. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Hankins	Name of operation		
15. MAIOEN NAME ELYPTICAL STATE OF THE STATE	and It ills	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19, 19		
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	A)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury		
Place Shalph Craulenyo	ate 5 -6-,1937	Nature of injury		
19. UNDERTAKER STANDARD THE CANADARD THE CAN	ali	24. Was disease or injury in any way related to occupation of deceased?		
20, FILED 6 - 2 - 15 3 5 N	R. Hydry Registrar.	(Signed) (Address) M. C. (Address) M. C.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TIP DITTOLITY OF THE POLICE OF THE PROPERTY OF THE PROPERTY OF THE POLICE OF THE POLIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Sur. Jo

V. S. No. 1

R. B.

	PLACE OF DEATH County Charles	STATE OF MARY CERTIFICATE OF	
	1	Registration Dist. No.	106
v	illage or City Inches Fleucho	tion, gi	ath occurred in ital or institu- ive its NAME ir- of street and or.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
3	hale Colored Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day)	, 1932 (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended th	e deceased from
	CU/. 30 . 1982	192 to	, 192,
	(Month) (Day) (Year)	that I last saw halive on	, 192,
7	AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:	
1	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs	
9	BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Dyration)yrs	mosds.
	10 NAME OF FATHER Security Charles Brown	(Signed) / E Sminghes	M. D.
ENTS	OF FATHER (State or country) Char Co had	*State the Disease Causing Death, or, in Violent Causes, atate (1) Meaas of Injury and Accidental, Suicidal or Homicidal.	deaths from (2) Whether
PAR		18 LENGTH OF RESIDENCE (For Hospitals, Instients or Recent Residents)	titutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Choo Co In Cl	At place of death	ds,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
	(Address) Inclien Head	19 PLACE OF BURIAL OR REMOVAL DATE	9 , 1932
15	Filed May 8 1982 H & Denning for Degistrar	Sames Penny Incesono	Springe
-	If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto. Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. gaged in domestic service for wages, as Scroot, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeanon control laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile foctory. The material Stationary firemon, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal deser (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by approved by Committee on American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonocum, etc., Carcinoma, Sorcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease affection etc. The contributory Nomenclature of the need Measles; not be etc., or

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.